

SEP 25 2006

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To:	Examiner Vy BUI U.S. Patent and Trademark Office	From:	Joseph W. Schmidt
Fax:	571-273-8300	Date:	September 25, 2006
Phone:		Pages:	7 (incl. Cover)
Re:	10/621,759	CC:	

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•Comments:

Please see attached Amendment.

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SEP 25 2006 PATENT
Atty. Docket No.: 2852 PRO (203-3408)IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Scott Cunningham

Examiner: BUI, VY Q

Serial No.: 10/621,759

Group Art Unit 3763

Filed: July 17, 2003

Dated: September 25, 2006

For: SURGICAL NEEDLE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	8 MINUS 20	=	X 9 \$	X 18 \$ 0	
INDEP.	3 MINUS 3	=	X 43 \$	X 86 \$ 0	
11 FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 140 \$	X 280 \$ 0	
			TOTAL	OR TOTAL	\$ 0
			ADDIT. FEE	\$ -0-	

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATION OF FACSIMILE TRANSMISSION

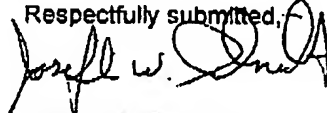
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Dated: September 25, 2006

Joseph W. Schmidt

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Joseph W. Schmidt
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JWS/td

SEP 25 2006

PATENT
Attorney Docket: 2852 (203-3408)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Scott Cunningham **EXAMINER:** BUI, VY Q
APPL. NO.: 10/621,759 **GROUP ART UNIT:** 3763
FILED: July 17, 2003 **DATED:** September 25, 2006
FOR: SURGICAL NEEDLE

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In furtherance to the Appeal Brief filed by Applicant on April 24, 2006, please amend the above-identified application as follows:

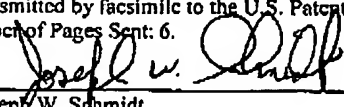
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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Joseph W. Schmidt